



September 10, 2003

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To: Community Care for the Aged and Disabled (CCAD)  
Adult Foster Care (AFC) Providers  
Consumer Directed Services (CDS) Providers  
Day Activity and Health Services (DAHS) Providers  
Emergency Response Services (ERS) Providers  
Home Delivered Meals (HDM) Providers  
Hospice Providers  
Primary Home Care/Family Care (PHC/FC) Providers  
Residential Care (RC) Providers  
Special Services to Persons with Disabilities (SSPD) Providers  
Special Services to Persons with Disabilities (SSPD) 24-Hour Shared Attendant  
Care (SAC) Providers

Subject: Long Term Care (LTC)  
Information Letter No. 03-33  
Revised List of Approved Billing Codes Effective September 1, 2003

Last summer, provider agencies were informed that some billing codes would be ended on or after September 1, 2002. At that time, changes were not made to the Claims Management System (CMS) to reject claims submitted that used these closed codes; claims still processed.

Effective September 1, 2003 edits will be implemented by CMS that will reject claims that are submitted using the codes identified in the Attachment as having an end date of August 31, 2003. Community Care for the Aged and Disabled (CCAD) and Hospice provider agencies must use approved billing codes found in the attachments to this letter, when billing for any services provided on or after September 1, 2003. Only bill codes that **do not** have an end date of September 1, 2003 should be used. If these approved billing codes are not used the claim **will reject**.

Through Information Letter No. 03-16, provider agencies are being informed of changes occurring so providers and the Texas Department of Human Services (DHS) are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by October 16, 2003.

Effective October 16, 2003, provider agencies must refer to the Bill Code Crosswalk when preparing claims. The Bill Code Crosswalk can be found on the Internet at [http://www.dhs.state.tx.us/providers/hipaa/ltc\\_conference/Bill\\_Code\\_Crosswalk\\_Provider.pdf](http://www.dhs.state.tx.us/providers/hipaa/ltc_conference/Bill_Code_Crosswalk_Provider.pdf).

CCAD provider agencies should contact their contract manager if they have any questions. Hospice provider agencies should contact Provider Claims Services at (512) 490-4666 if they have any questions.

Sincerely,

*Signature on file*

Marilyn Eaton  
Lead Director  
Long Term Care Services

ME:ck

## Adult Foster Care

Service Group	Billing Code	Service Code	Billing Code Description	End Date
7	G0800	18	Adult Foster Care - Level 1	8/31/2003
7	G0803	18	Adult Foster Care - CCAD LEVEL	

## Day Activity and Health Services

Service Group	Billing Code	Service Code	Billing Code Description	End Date
7	C0200	29	Day Activity/Health Services (DAHS)	
7	<b>C0201</b>	<b>29</b>	<b>Day Activity/Health Services - DAHS Title XX Negotiated Rate</b>	<b>8/31/2003</b>
7	C0202	29A	Day Activity/Health Services (DAHS) - Title 20	

## Emergency Response Services

Service Group	Billing Code	Service Code	Billing Code Description	End Date
7	G1000	20	Emergency Response Services	

## Home-Delivered Meals

Service Group	Billing Code	Service Code	Billing Code Description	End Date
7	C0100	25	Home Delivered Meals	
7	C0101	25	Home Delivered Meals	8/31/2003

## Hospice

Service Group	Billing Code	Service Code	Billing Code Description	End Date
8	T0200	1	Continuous Home Care	
8	T0301	1	General Inpatient Care	
8	T0300	1	Inpatient Respite Care	
8	T0100	1	Routine in Home Care	
8	T0302	30	Physician Direct Care	
<b>8</b>	<b>T0303</b>	<b>30</b>	<b>Physician Direct Care-Special</b>	<b>8/31/2003</b>
8	F0100	31	ICF/MR Campus/State - LOC 1 Contract Specific	
<b>8</b>	<b>F0101</b>	<b>31</b>	<b>ICF/MR Campus/State - LOC 5 Contract Specific</b>	<b>10/31/2002</b>
<b>8</b>	<b>F0102</b>	<b>31</b>	<b>ICF/MR Campus/State - LOC 6 Contract Specific</b>	<b>10/31/2002</b>
8	F0103	31	ICF/MR Campus/State - LOC 8 Contract Specific	
8	F0109	31	ICF/MR State/Community Residential LOC 1 Contract Specific	
8	F0108	31	ICF/MR State/Community Residential LOC 8 Contract Specific	
<b>8</b>	<b>F0113</b>	<b>31</b>	<b>ICF-MR State Community Residential (LOC 5)</b>	<b>4/30/1996</b>
<b>8</b>	<b>F0114</b>	<b>31</b>	<b>ICF-MR State Community Residential (LOC 6)</b>	<b>4/30/1996</b>
8	F0205	31	ICF-MR Non-State Community Residential (LON 1)	
8	F0206	31	ICF-MR Non-State Community Residential (LON 5)	
8	F0207	31	ICF-MR Non-State Community Residential (LON 6)	
8	F0208	31	ICF-MR Non-State Community Residential (LON 8)	
8	F0209	31	ICF-MR Non-State Community Residential(LON 9)	
8	F0209	31	ICF-MR Non-State Community Residential(LON 9)	
<b>8</b>	<b>F0110</b>	<b>31</b>	<b>ICF-MR State Community Residential LOC 5 Contract Specific</b>	<b>10/31/2002</b>
<b>8</b>	<b>F0111</b>	<b>31</b>	<b>ICF-MR State Community Residential LOC 6 Contract Specific</b>	<b>10/31/2002</b>

## Hospice

Service Group	Billing Code	Service Code	Billing Code Description	End Date
8	N0201	31	Nursing Facility, Tile 201	
8	N0202	31	Nursing Facility, Tile 202	
8	N0202	31	Nursing Facility, Tile 202	
8	N0203	31	Nursing Facility, Tile 203	
8	N0204	31	Nursing Facility, Tile 204	
8	N0205	31	Nursing Facility, Tile 205	
8	N0206	31	Nursing Facility, Tile 206	
8	N0207	31	Nursing Facility, Tile 207	
8	N0208	31	Nursing Facility, Tile 208	
8	N0209	31	Nursing Facility, Tile 209	
8	N0210	31	Nursing Facility, Tile 210	
8	N0211	31	Nursing Facility, Tile 211	
8	N0212	31	Nursing Facility, Tile 212	
8	V0201	31	VA Daily Care - Tile 201	
8	V0202	31	VA Daily Care - Tile 202	
8	V0203	31	VA Daily Care - Tile 203	
8	V0204	31	VA Daily Care - Tile 204	
8	V0205	31	VA Daily Care - Tile 205	
8	V0206	31	VA Daily Care - Tile 206	
8	V0207	31	VA Daily Care - Tile 207	
8	V0208	31	VA Daily Care - Tile 208	
8	V0209	31	VA Daily Care - Tile 209	



## Hospice

Service Group	Billing Code	Service Code	Billing Code Description	End Date
8	V0210	31	VA Daily Care - Tile 210	
8	V0211	31	VA Daily Care - Tile 211	
8	V0212	31	VA Daily Care - Tile 212	
8	T0400	32	Medicare Pharmacy Coinsurance	
8	T0401	33	Medicare Respite Coinsurance	

## Primary Home Care

Service Group	Billing Code	Service Code	Billing Code Description	End Date
7	+99999	17	Expedited Payment	
7	G0701	17	Personal Assistance Services - Level 2 - Priority	
7	G0702	17	Personal Assistance Services - Level 1 - Non-Priority	
7	<b>G0703</b>	<b>17</b>	<b>FC Priority Prior to 9/1997</b>	<b>8/31/2003</b>
7	<b>G0704</b>	<b>17</b>	<b>FC Non Priority Prior to 9/1998</b>	<b>8/31/2003</b>
7	G0740	17C	PAS Family Care - Lvl 2 (Priority)	
7	G0741	17C	PAS Family Care - Lvl 1 (Non-Priority)	
7	G0742	17D	PAS Frail Elderly (1929B) - Lvl 2 (Priority)	
7	G0743	17D	PAS Frail Elderly (1929B) - Lvl 1 (Non-Priority)	
7	G0745	17CV	PAS Family Care - VFI-Participant	
7	G0746	17CV	PAS Family Care Level 1 (non-priority) VFI	
7	G0747	17CV	PAS Family Care - VFI - Agency	
7	G0748	17DV	PAS Frail Elderly Level 1 (non-priority) VFI	
7	G0749	17DV	PAS Frail Elderly Level 2 (priority) VFI	
7	G0750	17DV	PAS Frail Elderly - VFI - Agency	
7	G0717	17V	VFI-PAS-Participant	
7	G0718	17V	PAS Level 1 (non-priority) VFI	
7	G0719	17V	VFI-PAS-Agency	

## Residential Care

Service Group	Billing Code	Service Code	Billing Code Description	End Date
7	G0903	19	Assisted Living - Bed Hold	8/31/2003
7	G0904	19	Assisted Living - Emergency Care	8/31/2003
7	G0906	19	Assisted Living - Residential Care Apartment	8/31/2003
7	G0907	19	Assisted Living - Residential Care Non- Apartment	8/31/2003
7	G0920	19A	Assisted Living - Residential Care Apartment	
7	G0927	19B	Assisted Living - Residential Care Non- Apartment	
7	G0936	19D	Assisted Living - Emergency Care	
7	G0934	19H	Assisted Living - Bed Hold - Apartment	
7	G0943	19I	Assisted Living - Bed Hold -Non-Apartment	
7	G0944	19J	Residential Care - Bed Hold - Apartment - Title XX	
7	G0945	19K	Residential Care - Apartment - Title XX	
7	G0946	19L	Residential Care - Non-Apartment - Title XX	
7	G0947	19M	Residential Care - Emergency Care - Title XX	
7	G0948	19N	Residential Care - Room & Board - Non-Apartment	

## Special Services to Persons with Disabilities (Includes 24-Hour Shared Attendant Care)

Service Group	Billing Code	Service Code	Billing Code Description	End Date
7	C0300	28	SSPD - Day Care	
7	C0301	28	SSPD - 24 Hr Attendant Care	
7	C0302	28	SSPD - Other	
7	N0201	28	Respite - In-Home	
7	N0202	28	Respite - In-Home	
7	N0203	28	Respite - In-Home	
7	N0204	28	Respite - In-Home	
7	N0205	28	Respite - In-Home	
7	N0206	28	Respite - In-Home	
7	N0207	28	Respite - In-Home	
7	N0208	28	Respite - In-Home	
7	N0209	28	Respite - In-Home	
7	N0210	28	Respite - In-Home	
7	N0211	28	Respite - In-Home	
7	N0212	28	Respite - In-Home	
7	<b>N0500</b>	<b>28</b>	<b>Ventilator - Full</b>	<b>8/31/2003</b>
7	<b>N0501</b>	<b>28</b>	<b>Ventilator - Partial</b>	<b>8/31/2003</b>
7	N1201	28	Respite NF - Tile 201	
7	N1202	28	Respite NF - Tile 202	
7	N1203	28	Respite NF - Tile 203	
7	N1204	28	Respite NF - Tile 204	
7	N1205	28	Respite NF - Tile 205	

**Special Services to Persons with Disabilities  
(Includes 24-Hour Shared Attendant Care)**

Service Group	Billing Code	Service Code	Billing Code Description	End Date
7	N1206	28	Respite NF - Tile 206	
7	N1207	28	Respite NF - Tile 207	
7	N1208	28	Respite NF - Tile 208	
7	N1209	28	Respite NF - Tile 209	
7	N1210	28	Respite NF - Tile 210	
7	N1211	28	Respite NF - Tile 211	
7	N1212	28	Respite NF - Tile 212	
7	C0303	28A	SSPD - Case Management	